

1 / 90

FF1AN060.PDF

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 90**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

COX 2008 COMMITTEE INC

Report Covering the Period

From: 10/01/2007

To: 12/31/2007

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	266.00	22167.51
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		266.00	22167.51
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	30000.00	1055000.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	30000.00	1055000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	492.83	4110.68
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		492.83	4110.68
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	500.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	31258.83	1081778.19
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	32068.19	1057020.66
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	32068.19	1080623.92
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

3 / 90

1. NAME OF COMMITTEE (in full) COX 2008 COMMITTEE INC			
ADDRESS (number and street) Post Office Box 5353			
CITY, STATE, and ZIP CODE Buffalo Grove IL 60089			2. IDENTIFICATION NUMBER C00420224

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	256085.10

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 / 90

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

William Benstson

Mailing Address

319 Laurens Street SW

Unit A3

City

Aiken

State

SC

Zip Code

29081

FEC ID number of contributing
federal political committee.

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

20.00

Contribution

Transaction ID: SA17A.7027

B.

Full Name (Last, First, Middle Initial)

Dennis J. Bonavita

Mailing Address

2319 Caldwell Corners Road

City

Brookville

State

PA

Zip Code

15825

FEC ID number of contributing
federal political committee.

Name of Employer
McLean

Occupation
Writer

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

25.00

Contribution

Transaction ID: SA17A.7034

C.

Full Name (Last, First, Middle Initial)

Stuart King

Mailing Address

2703 Summerhill Lane

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing
federal political committee.

Name of Employer
Christie Clinic, PC

Occupation
Physician

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Amount of Each Receipt this Period

100.00

Contribution

Transaction ID: SA17A.7043

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 / 90

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Ronald S. Knopf

Mailing Address

227 Midland Avenue

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

Name of Employer
The University of Findlay

Occupation

Director - Web & Technology Services

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

1.00

Contribution

Transaction ID: SA17A.7035

B.

Full Name (Last, First, Middle Initial)

Timothy McMaster

Mailing Address

225 East Butter Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

Name of Employer
ABET, Inc.

Occupation

IT Manager

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Amount of Each Receipt this Period

10.00

Contribution

Transaction ID: SA17A.7041

C.

Full Name (Last, First, Middle Initial)

Timothy McMaster

Mailing Address

225 East Butter Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

Name of Employer
ABET, Inc.

Occupation

IT Manager

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Amount of Each Receipt this Period

10.00

Contribution

Transaction ID: SA17A.7045

SUBTOTAL of Receipts This Page (optional)

21.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 90

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Clayton Pippenger

Mailing Address

1645 Maple Creek Lane

City

Carson City

State

NV

Zip Code

89701

FEC ID number of contributing
federal political committee.

Name of Employer
Navellier

Occupation
CTIO

Receipt For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Amount of Each Receipt this Period

100.00

Contribution

Transaction ID: SA17A.7040

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

266.00

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

John H. Cox

Mailing Address

55 East Erie

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1045000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Receipt this Period

20000.00

Personal funds

Transaction ID: SA19A.7036

B.

Full Name (Last, First, Middle Initial)

John H. Cox

Mailing Address

55 East Erie

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1055000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Amount of Each Receipt this Period

10000.00

Personal funds

Transaction ID: SA19A.7037

SUBTOTAL of Receipts This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

30000.00

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 90

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Public Service of New Hampshire

Mailing Address

PO Box 360

City

Manchester

State

NH

Zip Code

03105

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

492.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	7

Amount of Each Receipt this Period

492.83

Return of deposit

Transaction ID: SA20A.7013

SUBTOTAL of Receipts This Page (optional)

492.83

TOTAL This Period (last page this line number only)

492.83

SCHEDULE A (FEC Form 3P) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 90

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Garrett for Senate Committee

Mailing Address

Post Office Box 505

City

Indianola

State

IA

Zip Code

50125

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Amount of Each Receipt this Period

500.00

Reim. don. to Mitchell Ct-
y. Rep. by Cox

Transaction ID: SA21.7032

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Steve Adcock

Mailing Address 101 North Wilmot
Suite 400

City Tuscon State AZ Zip Code 85711

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7019

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Steve Adcock

Mailing Address 101 North Wilmot
Suite 400

City Tuscon State AZ Zip Code 85711

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7020

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

87.50

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll services

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6959

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

72.70

SUBTOTAL of Disbursements This Page (optional)

410.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6960 Date of Disbursement
Mailing Address 1 ADP Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 2 / 2 0 0 7</div> </div>
City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll services	<div> <div></div> <div>84.00</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.7010 Date of Disbursement
Mailing Address 1 ADP Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 7</div> </div>
City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll taxes	<div> <div></div> <div>194.90</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ADP	Transaction ID: SB23.6961 Date of Disbursement
Mailing Address 1 ADP Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 7</div> </div>
City Roseland State NJ Zip Code 07068	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll services	<div> <div></div> <div>72.70</div> </div>
Candidate Name John H. Cox	<div> <div>101</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

351.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll services

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6962

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

78.00

B.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Payroll taxes

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7011

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

194.90

C.

Full Name (Last, First, Middle Initial)
ADP

Mailing Address 1 ADP Boulevard

City Roseland State NJ Zip Code 07068

Purpose of Disbursement
Services

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7073

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

13.00

SUBTOTAL of Disbursements This Page (optional)

285.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard	Transaction ID: SB23.6956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 9 / 2 0 0 7</div> </div>
City Roseland State NJ Zip Code 07068 Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>72.70</div> <div>101</div> Category/Type
B. Full Name (Last, First, Middle Initial) ADP Mailing Address 1 ADP Boulevard City Roseland State NJ Zip Code 07068 Purpose of Disbursement Services Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6957 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>28.00</div> <div>101</div> Category/Type
C. Full Name (Last, First, Middle Initial) Al's Music Mailing Address Post Office Box 742 City Ames State IA Zip Code 50010 Purpose of Disbursement Entertainment Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6963 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 3 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>120.00</div> <div>101</div> Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

220.70

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Artic Glacier Ice

Mailing Address 2101 Pullman Street

City State Zip Code
Ames IA 50010

Purpose of Disbursement
Ice

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6846

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

281.00

B.

Full Name (Last, First, Middle Initial)

Danny Carlton

Mailing Address 19724 East Pine
#149

City State Zip Code
Catoosa OK 74017

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6973

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Danny Carlton

Mailing Address 19724 East Pine
#149

City State Zip Code
Catoosa OK 74017

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6974

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

381.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Center for Aging Citizens, Inc.	Transaction ID: SB23.7165 Date of Disbursement																				
Mailing Address 2360 West Dale Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	7												
City Bettendorf State IA Zip Code 52722	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donation	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Charlotte Douglas Parking	Transaction ID: SB23.6964 Date of Disbursement																				
Mailing Address 3501 Josh Birmingham Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	7												
City Charlotte State NC Zip Code 28208	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donation	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Chase Bank	Transaction ID: SB23.7075 Date of Disbursement																				
Mailing Address 825 West Euclid	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	7												
City Palatine State IL Zip Code 60067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Wire charges	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1012.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7076 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	7													
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire charges Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.00</td> </tr> </table> 101 Category/ Type	12.00																			
12.00																					
B. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7078 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	7													
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.00</td> </tr> </table> 101 Category/ Type	12.00																			
12.00																					
C. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7079 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	7													
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.00</td> </tr> </table> 101 Category/ Type	12.00																			
12.00																					

SUBTOTAL of Disbursements This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7016 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60067</div> </div> <div> Purpose of Disbursement Various banking fees </div> <div> Candidate Name John H. Cox </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: 02 </div>	Amount of Each Disbursement this Period <div>160.00</div>
B. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7008 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D2</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60067</div> </div> <div> Purpose of Disbursement Wire fee </div> <div> Candidate Name John H. Cox </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: 02 </div>	Amount of Each Disbursement this Period <div>12.00</div>
C. Full Name (Last, First, Middle Initial) Chase Bank <hr/> Mailing Address 825 West Euclid	Transaction ID: SB23.7009 Date of Disbursement <div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60067</div> </div> <div> Purpose of Disbursement Wire fee </div> <div> Candidate Name John H. Cox </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President </div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> State: District: 02 </div>	Amount of Each Disbursement this Period <div>12.00</div>

SUBTOTAL of Disbursements This Page (optional)

184.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7081 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101 Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7082 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 7</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101 Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Chase Bank Mailing Address 825 West Euclid	Transaction ID: SB23.7083 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div>
City Palatine State IL Zip Code 60067 Purpose of Disbursement Wire fees Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>12.00</div> <div>101 Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Colby Trust

Mailing Address 6581 University Avenue

City State Zip Code
Des Moines IA 50311

Purpose of Disbursement
Rent - Iowa office - October

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6966

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1176.82

B.

Full Name (Last, First, Middle Initial)

Colby Trust

Mailing Address 6581 University Avenue

City State Zip Code
Des Moines IA 50311

Purpose of Disbursement
Utilities - September and October

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6967

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

55.42

C.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address 4400 Belle Oakes Drive

City State Zip Code
Charleston SC 29405

Purpose of Disbursement
Cable service

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7071

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

157.35

SUBTOTAL of Disbursements This Page (optional)

1389.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Comfort Inn	Transaction ID: SB23.6842 Date of Disbursement
Mailing Address 2609 University Avenue	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<div>403.16</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7047 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K	<div> <div>10</div> <div>02</div> <div>2007</div> </div>
City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising fees	<div>1.95</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Complete Campaigns.com	Transaction ID: SB23.7048 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K	<div> <div>10</div> <div>09</div> <div>2007</div> </div>
City San Diego State CA Zip Code 92102	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising fees	<div>15.75</div>
Candidate Name John H. Cox	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

420.86

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB23.6852 Date of Disbursement																				
Mailing Address 1 Federal Express Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Nashville State TN Zip Code 39240	Amount of Each Disbursement this Period																				
Purpose of Disbursement Overnight Delivery	<table border="1"> <tr> <td>33.06</td> </tr> </table>	33.06																			
33.06																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Gee Willie Entertainment	Transaction ID: SB23.6393 Date of Disbursement																				
Mailing Address Post Office Box 881	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Ames State IA Zip Code 50010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Iowa Straw Poll - Entertainment	<table border="1"> <tr> <td>238.50</td> </tr> </table>	238.50																			
238.50																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Adam Graham	Transaction ID: SB23.6953 Date of Disbursement																				
Mailing Address 2834 Abbs Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	7												
City Boise State ID Zip Code 83705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

371.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Adam Graham

Mailing Address 2834 Abbs Lane

City State Zip Code
Boise ID 83705

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6955

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Stacy Harp

Mailing Address 4315 West Chapman Avenue

City State Zip Code
Orange CA 92868

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7017

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stacy Harp

Mailing Address 4315 West Chapman Avenue

City State Zip Code
Orange CA 92868

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7018

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6995 Date of Disbursement <div> <div>10</div> <div>12</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6996 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6998 Date of Disbursement <div> <div>11</div> <div>27</div> <div>2007</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street	Transaction ID: SB23.6999 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 3 0 / 2 0 0 7</div> </div>
City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Linda Harrington Mailing Address 2421 - 106th Street City Albion State IA Zip Code 50005 Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.7001 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Iowa Events Center Mailing Address 730 3rd Street City Des Moines State IA Zip Code 50309 Purpose of Disbursement Reagan Dinner Reception Hosting Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.7051 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>272.60</div> <div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

1272.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Lennie Jarrett

Mailing Address 2306 North Tedy Lane

City Round Lake Beach State IL Zip Code 60073

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6993

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Lennie Jarrett

Mailing Address 2306 North Tedy Lane

City Round Lake Beach State IL Zip Code 60073

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6994

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Martin E Janis & Company Inc

Mailing Address 625 North Michigan Ave Suite 420

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Office expense reimbursement

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7003

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

70.09

SUBTOTAL of Disbursements This Page (optional)

220.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Martin E Janis & Company Inc	Transaction ID: SB23.7005 Date of Disbursement
Mailing Address 625 North Michigan Ave Suite 420	<div> <div>^M1^M2</div> <div>/</div> <div>^D1^D1</div> <div>/</div> <div>^Y2^Y0^Y0^Y7^Y</div> </div>
City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period
Purpose of Disbursement Publicity Candidate Name John H. Cox	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6979 Date of Disbursement
Mailing Address 14500 Roadrunner Way #401	<div> <div>^M1^M0</div> <div>/</div> <div>^D1^D5</div> <div>/</div> <div>^Y2^Y0^Y0^Y7^Y</div> </div>
City San Antonio State TX Zip Code 78249	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name John H. Cox	<div>375.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kimberly McClendon	Transaction ID: SB23.6981 Date of Disbursement
Mailing Address 14500 Roadrunner Way #401	<div> <div>^M1^M0</div> <div>/</div> <div>^D3^D1</div> <div>/</div> <div>^Y2^Y0^Y0^Y7^Y</div> </div>
City San Antonio State TX Zip Code 78249	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name John H. Cox	<div>375.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6983</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period -12.00</p> <p>101 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6984</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 375.00</p> <p>101 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6985</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period -12.00</p> <p>101 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

351.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6986</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary - wire fee</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6987</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-12.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kimberly McClendon</p> <p>Mailing Address 14500 Roadrunner Way #401</p> <p>City San Antonio State TX Zip Code 78249</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District: 02</p>	<p>Transaction ID: SB23.6988</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

738.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC**A.**Full Name (Last, First, Middle Initial)
Kimberly McClendon**Transaction ID:** SB23.6989

Date of Disbursement

Mailing Address 14500 Roadrunner Way
#401

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

City San Antonio State TX Zip Code 78249

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary - wire fee

101
Category/ Type

-12.00

Candidate Name
John H. CoxOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**B.**Full Name (Last, First, Middle Initial)
Kimberly McClendon**Transaction ID:** SB23.6990

Date of Disbursement

Mailing Address 14500 Roadrunner Way
#401

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

City San Antonio State TX Zip Code 78249

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

101
Category/ Type

375.00

Candidate Name
John H. CoxOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**C.**Full Name (Last, First, Middle Initial)
Kimberly McClendon**Transaction ID:** SB23.6991

Date of Disbursement

Mailing Address 14500 Roadrunner Way
#401

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

City San Antonio State TX Zip Code 78249

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary - wire fee

101
Category/ Type

-12.00

Candidate Name
John H. CoxOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)

351.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Microtel Inn and Suites

Mailing Address 2216 Street 16th Street

City State Zip Code
Ames IA 50010

Purpose of Disbursement
Lodging

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6844

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2048.38

B.

Full Name (Last, First, Middle Initial)
New Hampshire Secretary of State

Mailing Address State House
Room 204

City State Zip Code
Concord NH 03301

Purpose of Disbursement
Filing fee - 2008 Primary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7006

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Office of the Attorney General - Employer Maintenance

Mailing Address Post Office Box 10

City State Zip Code
Austin TX 78767

Purpose of Disbursement
Payroll - Utz

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7136

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

3198.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Office of the Attorney General - Employer Maintenance	Transaction ID: SB23.7135 Date of Disbursement																				
Mailing Address Post Office Box 10	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	7												
City Austin State TX Zip Code 78767	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Utz Candidate Name John H. Cox	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Penske Truck Leasing	Transaction ID: SB23.6849 Date of Disbursement																				
Mailing Address 4101 E 14th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Des Moines State IA Zip Code 50313	Amount of Each Disbursement this Period																				
Purpose of Disbursement Truck leasing Candidate Name John H. Cox	<table border="1"> <tr> <td colspan="10">246.68</td> </tr> </table>	246.68																			
246.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Public Service of New Hampshire	Transaction ID: SB23.7015 Date of Disbursement																				
Mailing Address PO Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	7		2	0	0	7												
City Manchester State NH Zip Code 03105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Utilities - New Hampshire Candidate Name John H. Cox	<table border="1"> <tr> <td colspan="10">37.17</td> </tr> </table>	37.17																			
37.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

433.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
reimagine

Mailing Address P2310 Lochinvar Drive

City Durham State NC Zip Code 27705

Purpose of Disbursement
Website

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6189

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
reimagine

Mailing Address P2310 Lochinvar Drive

City Durham State NC Zip Code 27705

Purpose of Disbursement
Website

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7069

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Rent-A-Center

Mailing Address 222 Lincoln Way

City Ames State IA Zip Code 50010

Purpose of Disbursement
Deposit and rental

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6833

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Rent-A-Center

Mailing Address 222 Lincoln Way

City Ames State IA Zip Code 50010

Purpose of Disbursement
Deposit

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6833.0

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

1100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rent-A-Center

Mailing Address 222 Lincoln Way

City Ames State IA Zip Code 50010

Purpose of Disbursement
Rental

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6833.1

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Republican Party of Iowa

Mailing Address 621 East Ninth Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Straw Poll Tickes - golf cart rental

Candidate Name
John H. Cox

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6851

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

850.00

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC**A.**Full Name (Last, First, Middle Initial)
Republican Party of Texas

Mailing Address 900 Congress Avenue Suite 300

City Austin State TX Zip Code 78701

Purpose of Disbursement
Convention ExpensesCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7065

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

350.00

B.Full Name (Last, First, Middle Initial)
Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement
SalaryCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6972

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

881.60

C.Full Name (Last, First, Middle Initial)
Chris Richter

Mailing Address 33 Ashland Street

City Manchester State NH Zip Code 03104

Purpose of Disbursement
Telephone reimbursementCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.6969

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

144.24

SUBTOTAL of Disbursements This Page (optional)

1375.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6971 Date of Disbursement																				
Mailing Address 33 Ashland Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Manchester State NH Zip Code 03104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">881.60</td> </tr> </table>	881.60																			
881.60																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Chris Richter	Transaction ID: SB23.6970 Date of Disbursement																				
Mailing Address 33 Ashland Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	0	7												
City Manchester State NH Zip Code 03104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursements - telephone termination f	<table border="1"> <tr> <td colspan="10">138.33</td> </tr> </table>	138.33																			
138.33																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Riverside Hotel	Transaction ID: SB23.7067 Date of Disbursement																				
Mailing Address 620 East Las Olas Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Fort Lauderdale State FL Zip Code 33301	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10">296.18</td> </tr> </table>	296.18																			
296.18																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1316.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Joe Speranzella	Transaction ID: SB23.6975 Date of Disbursement																				
Mailing Address 26759 Johnson Creek Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City State Zip Code Crisfield MD 21817	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02																					
B. Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7128 Date of Disbursement																				
Mailing Address 116 Golden Crest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
City State Zip Code Mauldin SC 29662	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02																					
C. Full Name (Last, First, Middle Initial) True-South Communications SC LLC	Transaction ID: SB23.7128.0 Date of Disbursement																				
Mailing Address 116 Golden Crest Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
City State Zip Code Mauldin SC 29662	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	101	Category/ Type																		
101																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC**A.** Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Wire feeCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7128.1

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]**B.** Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Salary and expense reimbursementCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7129

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

2313.14

C. Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
SalaryCandidate Name
John H. Cox101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☒ President
State: District: 02Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7129.0

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2313.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City State Zip Code
Mauldin SC 29662

Purpose of Disbursement
Wire fee

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7129.1

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

-12.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SunCom Wireless

Mailing Address Post Office Box 190028

City State Zip Code
Charleston SC 29419

Purpose of Disbursement
Telephone service

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7129.2

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

325.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
True-South Communications SC LLC

Mailing Address 116 Golden Crest Court

City State Zip Code
Mauldin SC 29662

Purpose of Disbursement
Office expenses

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1008.09

SUBTOTAL of Disbursements This Page (optional)

1008.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB23.7097.0 Date of Disbursement																				
Mailing Address 550 Woods Lake Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	7													
City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period																				
Purpose of Disbursement Photocopies	<table border="1"> <tr> <td>67.84</td> </tr> </table>	67.84																			
67.84																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Office Depot - Greenville	Transaction ID: SB23.7097.1 Date of Disbursement																				
Mailing Address 101 Verdae Boulevard #1000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	7													
City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period																				
Purpose of Disbursement Folders, ink cartridges	<table border="1"> <tr> <td>57.19</td> </tr> </table>	57.19																			
57.19																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB23.7097.2 Date of Disbursement																				
Mailing Address 550 Woods Lake Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	7													
City Greenville State SC Zip Code 29607	Amount of Each Disbursement this Period																				
Purpose of Disbursement Business cards	<table border="1"> <tr> <td>90.03</td> </tr> </table>	90.03																			
90.03																					
Candidate Name John H. Cox	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 02	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
FedEx Kinko's - Greenville, SC

Mailing Address 845 Mauldin Road

City Greenville State SC Zip Code 29607

Purpose of Disbursement
Overnight shipping

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.3

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

50.27

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Nathans

Mailing Address One Airport Drive

City Charlotte State NC Zip Code 28208

Purpose of Disbursement
Lunch

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.4

Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

5.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Grillfish/Crust

Mailing Address 1444 Collins Avenue

City Miami State FL Zip Code 33139

Purpose of Disbursement
Dinner

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.5

Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

47.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Big City

Mailing Address 609 East Las Olas Boulevard

City State Zip Code
Fort Lauderdale FL 33301

Purpose of Disbursement
Lunch

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.6

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

6.36

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Riverside Hotel

Mailing Address 620 East Las Olas Boulevard

City State Zip Code
Fort Lauderdale FL 33301

Purpose of Disbursement
Newspapers

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.7

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1.84

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
7-Eleven - Ft. Lauderdale

Mailing Address 460 West Broward Boulevard

City State Zip Code
Fort Lauderdale FL 33312

Purpose of Disbursement
Gasoline

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.8

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

15.43

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
National Car Rental - Ft. Lauderdale

Mailing Address 100 Aviation Boulevard

City State Zip Code
Fort Lauderdale FL 33315

Purpose of Disbursement
Car rental

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.9

Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

117.36

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Charlotte Douglas Parking

Mailing Address 3501 Josh Birmingham Parkway

City State Zip Code
Charlotte NC 28208

Purpose of Disbursement
Parking

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.10

Date of Disbursement

09 / 16 / 2007

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Sweetwater Draft

Mailing Address 6000 North Terminal Parkway

City State Zip Code
Atlanta GA 30320

Purpose of Disbursement
Lunch

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.11

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

27.82

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 295 North Maple

City Basking Ridge State NJ Zip Code 07920

Purpose of Disbursement
Telephone service

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.12

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

103.12

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
SunCom Wireless

Mailing Address Post Office Box 190028

City Charleston State SC Zip Code 29419

Purpose of Disbursement
Cellular service

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.13

Date of Disbursement

09 / 15 / 2007

Amount of Each Disbursement this Period

233.62

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Mileage - 09.16.07 - 09.20.07

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.14

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

178.89

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
Dan Herren

Mailing Address 116 Golden Crest Road

City Mauldin State SC Zip Code 29662

Purpose of Disbursement
Late fee reduction

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7097.15
Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

-4.93

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Cellular

Mailing Address PO Box 1

City Palatine State IL Zip Code 60623

Purpose of Disbursement
Cellular telephone service

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6831
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

296.16

C.

Full Name (Last, First, Middle Initial)
US Cellular

Mailing Address PO Box 1

City Palatine State IL Zip Code 60623

Purpose of Disbursement
Cellular phones

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7021
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

332.05

SUBTOTAL of Disbursements This Page (optional)

628.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.7022 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60623</div> </div> <div> <div>Purpose of Disbursement Cell phones</div> <div>Candidate Name John H. Cox</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>46.24</div>
B. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.7050 Date of Disbursement <div> <div>10</div> <div>25</div> <div>2007</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60623</div> </div> <div> <div>Purpose of Disbursement Cellular service</div> <div>Candidate Name John H. Cox</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>318.59</div>
C. Full Name (Last, First, Middle Initial) US Cellular <hr/> Mailing Address PO Box 1	Transaction ID: SB23.7023 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2007</div> </div>
<div> <div>City Palatine</div> <div>State IL</div> <div>Zip Code 60623</div> </div> <div> <div>Purpose of Disbursement Cell phones</div> <div>Candidate Name John H. Cox</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</div> <div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> <div> <div>State:</div> <div>District: 02</div> </div>	Amount of Each Disbursement this Period <div>47.91</div>

SUBTOTAL of Disbursements This Page (optional)

412.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Cellular</p> <p>Mailing Address PO Box 1</p> <p>City Palatine State IL Zip Code 60623</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7064</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="338.56"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Cellular</p> <p>Mailing Address PO Box 1</p> <p>City Palatine State IL Zip Code 60623</p> <p>Purpose of Disbursement Cell phones</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7024</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.24"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) John Utz</p> <p>Mailing Address 813 Pesch</p> <p>City Rowan State IA Zip Code 50470</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6976</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

1234.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement
Salary

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.6977

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

850.00

B.

Full Name (Last, First, Middle Initial)
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement
Reagan Dinner expenses

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7144

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

204.11

C.

Full Name (Last, First, Middle Initial)
John Utz

Mailing Address 813 Pesch

City Rowan State IA Zip Code 50470

Purpose of Disbursement
Mileage

Candidate Name
John H. Cox

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 02

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

101
Category/
Type

Transaction ID: SB23.7144.3

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

92.12

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1054.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

A. Full Name (Last, First, Middle Initial) Joe Van Ginkel Mailing Address 3378 110th Street	Transaction ID: SB23.7053 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City State Zip Code Cumming IA 50061 Purpose of Disbursement Travel reimbursement Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Amount of Each Disbursement this Period <div>146.57</div> <div>101</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Verizon Mailing Address Post Office Box 1 City State Zip Code Worcester MA 01654-0001 Purpose of Disbursement Telephone service - New Hampshire Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.7025 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>142.75</div> <div>101</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Vonage Mailing Address 23 Main Street City State Zip Code Holmdel NJ 07733 Purpose of Disbursement Telephones Candidate Name John H. Cox Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 02	Transaction ID: SB23.6830 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>131.10</div> <div>101</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

420.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7049</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.20"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7070</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="131.11"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name John H. Cox</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: District: 02</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.7062</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="98.52"/></p>

SUBTOTAL of Disbursements This Page (optional)

360.83

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3P)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 / 90

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

COX 2008 COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

Mark Vonderohe

Mailing Address 502 First Street SE
#05City State Zip Code
Waukon IA 52172Purpose of Disbursement
ReimbursementCandidate Name
John H. CoxOffice Sought: ☐ House
☐ Senate
☒ President

State: District: 02

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.7002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	7	

Amount of Each Disbursement this Period

34.22

SUBTOTAL of Disbursements This Page (optional)

34.22

TOTAL This Period (last page this line number only)

31922.84

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 51 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4100

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 52 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4101

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 53 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4429

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 9Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 54 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4432

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 4Y Y Y Y
2 0 0 6

12/31/2008

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4433

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 0Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 56 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4434

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 1Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 57 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4435

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 58 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4457

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 59 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4456

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 60 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4458

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
1 4Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 61 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4459

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 62 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4460

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
1 3Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 63 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4461

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 64 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4462

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 65 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4782

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 66 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4783

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 6Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 67 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4784

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
0 8Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 68 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4785

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/08

5.1

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 69 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4786

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
0 6Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 70 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.4787

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
2 2Y Y Y Y
2 0 0 6

12/31/08

5.1 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 71 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5197

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
0 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 72 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5198

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
1 6Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

40000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 73 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5199

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 1D D
2 9Y Y Y Y
2 0 0 7

12/31/2008

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 74 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5200

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
0 6Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 75 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5201

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 2D D
1 2Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 76 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5202

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
0 1Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 77 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5203

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 3D D
1 4Y Y Y Y
2 0 0 7

12/31/08

5.10 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 78 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5574

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
0 4Y Y Y Y
2 0 0 7

12/31/08

0/00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 79 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5575

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 4D D
1 5Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 80 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5576

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
0 2Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

50000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 81 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5577

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 5D D
1 6Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 82 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5578

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 3Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5579

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
1 4Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 84 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.5580

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
3 0Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 85 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6136

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
3 1Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 86 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6137

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 8D D
2 2Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6138

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
0 5Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

25000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.6139

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 0Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 89 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.7036

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago State IL ZIP Code 60611

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
0 2Y Y Y Y
2 0 0 7

12/31/08

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

20000.00

TOTALS This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 90 / 90

FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19bNAME OF COMMITTEE (In Full)
COX 2008 COMMITTEE INC

Transaction ID: SC/12.7037

LOAN SOURCE Full Name (Last, First, Middle Initial)

John H. Cox

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 55 East Erie

City Chicago

State IL

ZIP Code 60611

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
0 3Y Y Y Y
2 0 0 7

12/31/08

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

TOTALS This Period (last page in this line only) ▶

1055000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.